

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018777

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED MAY 21 1962

118

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Leesville Twp

Length of stay in 1b

18 mo

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION 4 mi So of Calhoun

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Henry

c. CITY

OR TOWN

Calhoun

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

4 mi So of Calhoun

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

John

Middle

Henry

Last

Holliday

4. DATE OF DEATH

Month

May

Day

10

Year

1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

May 17, 1892

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

farming

11. BIRTHPLACE (City and state or country)

New Sharon Iowa

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William H Holliday

13b. MOTHER'S MAIDEN NAME

Eliza Tucker

14. NAME OF HUSBAND OR WIFE

Verna Holliday

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) no

16. SOCIAL SECURITY NO.

17. INFORMANT

9 Verna Holliday Calhoun, Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Unknown Natural Causes

INTERVAL BETWEEN ONSET AND DEATH

immed.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her alive on _____

Death occurred at 7:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Richard H. King M.D.

(Degree or title)

Henry St. Coroner

22b. ADDRESS

106 S. 3rd Clinton Mo

22c. DATE SIGNED

5/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5/14/1962

23c. NAME OF CEMETERY OR CREMATORY

Englewood cemetery

23d. LOCATION (City, town, or county)

Clinton, Mo

24. FUNERAL DIRECTOR

ADDRESS

Sickman & Dunning F H

Clinton, Mo

25. DATE RECD. BY LOCAL REG.

May 12, 1962

26. REGISTRAR'S SIGNATURE

Mildred Biggers

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300
Rev. 4/59

1 0420

2 0420

3 1

4 0

5 1

6

7 1

8 2

9 7954

10

11

12 90-3

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

R. L. Dunning

Licensed Embalmer No. 4510

P. O. Address Clinton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit Obtained
5/12/62
W.B.